



#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX EC/IR II MAINTENANCE REPORT

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THIOA EC/IR II MAINIENANCE REPORT 153					
Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35					
days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed					
into service, Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.					
INTOX EC/IR II SN	NAME OF AGENCY	DATE OF INSPECTION			
12706	Lake St. Louis PD	10/03/2014			
LOCATION OF INSTRUMENT (STREET AND CITY)		TIME OF INSPECTION			
200 Civic Center Drive Lake St.	Louis	02:15 CDT			
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within					
established limits. (Write in obser	ved values where determined). Unma:	rked items must be corrected			
before using instrument.					
X DIAGNOSTIC RECORD					
X BLANK CHECK	X CO2 CHECK	, , , , , , , , , , , , , , , , , , ,			
X FC 1 TEMP	X FLOW CHECK				
X SRC TEMP	X PCB CHECK				
		A PARTICIPATION OF THE PROPERTY OF THE PROPERT			
X DET TEMP	<b>—</b>	X CRC COMP CHECK			
X BT TEMP	X CRC CAL CHE	CAL CHECK			
X STD 2 TEMP	X PRINT TEST				
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	Pns				
SIMULATOR SOLUTION		THEN NOY CAS MIYTURE			
		X COMPRESSED ETHANOL-GAS MIXTURE			
	METERS LOT# AG329701	EXP. DATE 10/24/2015			
SIMULATOR TEMP (34°C ±0.2°C)	SIMULATOR S/N	SIMULATOR EXP DATE			
	X CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)				
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO BE USED PER MAIN	HTENANCE REPORT)			
Run three tests using a stand	lard solution. All three tests n	nust be within +5% of the scandard value			
Run three tests using a stand and must have a spread of .00	lard solution. All three tests n				
Run three tests using a stand and must have a spread of .00 used. (PRINTOUT ATTACHED)	lard solution. All three tests m 5 or less. Mark the box corresp	nust be within ±5% of the standard value conding to the standard solution being			
Run three tests using a stand and must have a spread of .00 used. (PRINTOUT ATTACHED)  X 0.10% STANDARD - MUST READ	lard solution. All three tests meson the solution was the box correspondence of the solution o	nust be within ±5% of the standard value conding to the standard solution being			
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Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

### Certificate of Analysis

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 29-Oct-2013

Lot # AG329701

Exp. Date 24-Oct-2015 Cyl. Type 108 <u>Component</u> Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	Serial N <u>o.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392,5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
FB0010681	52.22 ррп	EB0010579	52.94 ppm

**Analytical Method:** 

NDIR

Digitally algued by Quality Control Date: 2013,10,29 17:16:39-05:00 Reason: Dry gas etandard certification of analysis Location; Argas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



#### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

## GERALD L CROWLEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

### ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE11/26/2013	Wa hard		
· · · · · · · · · · · · · · · · · · ·	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER 230284	Don Varhenling		
EXPIRES 11/26/2015	OIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
MO 680-0771 (8-10)	LAB-1 (R6-10)		

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STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

#### INSTRUMENT OPERATOR CARD

The named cardiology is sulharized to operate an evidential breath alcohol instrument for the determination of the alcohole content in breath form of expired of



Operator CRÓWLEY, GERALD

Date Issued 11/26/2013 Date Expires 11/26/2015